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ABSTRACT

This paper examines policy options in implementing least restrictive environment (LRE) requirements of federal legislation (Public Laws 99-457 and 94-142), and offers recommendations regarding the array of placement options that should be available in relation to preschool children with handicaps. First, the legal interpretation of LRE is analyzed and distinctions drawn among the concepts of LRE, mainstreaming, and physical or social integration. The ethical, legal, and empirical bases for individualized implementation of LRE at the preschool level are emphasized. In considering the design of integrated preschools, recent critiques appear to reflect consensus around four essential points: (1) conceptualizing LRE along a continuum of most to least restrictive is problematic; (2) integrated teaching and learning must occur throughout the curriculum and school day; (3) the segregation of preschool age students with disabilities should be viewed as maximally restrictive and avoided whenever possible; and (4) the intensity of individualized services is the key to successful integration. Eight characteristics of successful integrated programs are identified, including planned social interactions between handicapped and normally developing peers and an individualized curriculum. Four placement options are recommended: mainstreamed educational programs; mainstreamed noneducational programs; integrated special education or reverse mainstreaming; and nonintegrated special education programs located in regular elementary schools. Finally, implications for policy makers, administrators, and professionals are drawn. Appendixes list suggested resources. Includes 17 references. (DB)

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THE LEAST RESTRICTIVE ENVIRONMENT: UNDERSTANDING THE OPTIONS

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THE LEAST RESTRICTIVE ENVIRONEMT: UNDERSTANDING THE OPTIONS

The passage of Public Law 99-457 creates both challenges and opportunities for program administrators in the field of early childhood education. This legislation, in tandem with its predecessor, Public Law 94-142, requires that school districts provide a free appropriate and public education to all children with identified handicapping conditions between the ages of three and 21. A key component of the law is that students receive special education and related services in the least restrictive environment (LRE).

Local educational agencies (LEAs) who are or soon will be responsible for serving preschool age students with disabilities are facing numerous dilemmas, chief among them are how to: (1) provide services to an age group of children who may not otherwise be served by the district, (2) ensure that preschool age children with identified handicapping conditions have the opportunity to receive an appropriate education in a regular education context in accordance with federal policy, and (3) maximize existing resources in the design of the service delivery system. Thus, policy makers, parents, administrators, and program development personnel are faced with very real and fundamental challenges in constructing a service delivery system that aligns itself both legally and conceptually with federal and state educational policies, "best practices" in the field of early childhood intervention, and the expectations of consumers.

This **Policy and Practice** paper summarizes current thinking on LRE and offers recommendations regarding the array of placement options that should be available

for young children with disabilities.

What does LRE mean?

There are both conceptual and legal responses to this question. Conceptually, LRE means educating a child with a disability in a way "that least limits or restricts that child's opportunities to be near and interact with other typical children" (Taylor, Biklen, Lehr, & Searle, 1987). Public agencies must insure that a continuum of alternative placements be available to meet the special education and/or related services needs of each child with an identified handicapping condition. Points along that continuum represent greater to lesser opportunities to be near or interact with normally developing children; thus creating the notion of how "restrictive" the educational environment is.

The legal interpretation of LRE for preschool age students with disabilities rests, in part, on the statutes pertaining to school age students. Part B of the Education of the Handicapped Act (P.L.94-142) requires that state and local education agencies (LEAs) develop procedures to ensure that children with handicapping conditions are educated to the maximum extent appropriate with children who are not handicapped. The law, therefore, presumes that services will be delivered in the classroom the child would attend were h/she not handicapped. In attempting to interpret the constitutional boundaries of this federal policy the courts have ruled that children may be removed from regular educational environments "only when the nature or severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (Turnbull &

Turnbull, 1990, p.20). Thus, the burden of proof rests with the educational agency in justifying any placement other than a regular classroom for a child with a handicapping condition.

Public Law 99-457 makes the same requirements of LEAs for preschoolers as P.L. 94-142 did for school-age children. Indeed, a comment added in 1989 to the regulations for P.L. 94-142 affirmed that public agencies may use a variety of placement alternatives, such as full- or part-time placement in public or private preschool programs, in order to satisfy the LRE requirements in the statutes. However, the comment to the regulations also stressed that in each case the public agency must ensure that each preschool-aged child's placement is in the least restrictive setting in which the unique needs of that child can be met, based upon the child's IEP. That placement must also meet all of the other requirements of the law. As Turnbull and Turnbull (1990) have pointed out professionals must continually reconcile what is most appropriate for the child with how to deliver those services in the least restrictive environment. While both conceptual and empirical guidance are available from the field, there are no easy answers.

Are the terms "LRE", "mainstreaming", and "integration" the same?

These concepts are different and each has been misrepresented, misinterpreted, and misused both in the literature and in practice. LRE, as noted above, is a legal term primarily related to P.L. 94-142 and requires that service options be available to ensure that students are educated in the "least restrictive" or more normalizing environment appropriate for that student.

Integration is a process by which groups of students (handicapped and nonhandicapped) have been "mixed" (Odom & McEvoy, 1988; Odom & Speltz, 1983; Taylor et al., 1987). The "mixing" can occur in two directions: a) students with disabilities can be served all or part of the day in programs or settings designed for normally developing children (e.g., regular education or preschool); or, b) alternatively, students without handicaps can be incorporated into classrooms or programs designed primarily for children with disabilities (e.g., as peer models).

One of the recommended best practices in the field of special education requires that when "mixing" or integration occurs, we adhere to what has been termed the "principle of natural proportions" (Brown, et al., 1983). This principle is based on the premise that integrated and mainstreamed programs offer children with disabilities greater potential for growth and development than programs with more homogeneous enrollments (Brown et al., 1983; Guralnick, 1990). Thus, given that one would not expect more than 10-15 percent of all school age children to be in need of special education services (Kirk & Gallagher, 1989), enrollments in a typical class or program should be in reasonable accord with the natural proportion. Therefore, in a class or program enrolling up to 25 students, one would expect to see 21 children who would be developing normally and 4 children with disabilities. Programs which are designed exclusively for handicapped children are at variance with this principle. While some would argue the need for such programs, the empirical evidence in support of homogeneously based programs (i.e., self-contained and/or segregated) is weak (Strain, in press). Realistically, however, some agencies may need to begin the

systems change process with existing programs that do not necessarily reflect the best configuration of services for young children and their families. Children's time in such programs should be limited and their transition to more integrated programs should be included as part of their individualized educational plan. Taylor et al. (1987) provide a more refined distinction among LRE, integration, and mainstreaming, suggesting that integration refers to the student's access to, inclusion in, and participation with others in typical school or community environments. Implemented well, integration enables students to become meaningful and active members of the school, valued for their own unique contributions, and fully accepted as members of class and/or student body. This conception of integration implies that the referent environment is the setting the child would attend were he/she not handicapped (i.e., the "mainstream" of public education). Insofar as programs designed to serve normally developing children serve as the referent environment and offer the greatest probability of interaction with nonhandicapped peers, one can reasonably expect that they will meet the test of LRE.

It is important to note that "mainstreaming" has historically meant that students with disabilities placed in regular education settings were expected to compete with their nonhandicapped peers both socially and academically, without curricular adaptation or intervention (Peck et al., 1989; Salisbury & Vincent, 1990). Current conceptions of integration and mainstreaming clearly acknowledge the need to adapt the setting to the child (Odom & McEvoy, 1989; Peck et al., 1989), recognizing that the goals for each child will be different and that varying types and levels of

participation are both acceptable, and valued.

It is possible to conceptualize the degree to which students with disabilities have access to, are included in, or participate with others at three levels. First, when students with disabilities are placed in or attend programs for typical students of the same chronological age we say that they are **physically integrated**. This level of integration does not necessarily ensure that students with disabilities will have opportunities for inclusion in school activities or interaction with their nonhandicapped peers. An example of this might be a child with a visual impairment who is enrolled in a regular preschool program. If she is essentially ignored and served by a teacher individually with little regard for intentional interactions with others, then she has merely been physically placed in an integrated setting.

Second, when interactions between handicapped and nonhandicapped students are encouraged and facilitated we say that they are **socially integrated**. Using our previous example, the teacher could foster productive interactions among handicapped and nonhandicapped children by creating situations in which sharing, talking, and/or cooperative play are necessitated. It should be noted that classrooms serving predominantly handicapped students may "integrate" normally developing peers for purposes of socialization at times throughout the day. Such a model has been referred to in the literature as "integrated special education" (Odom & McEvoy, 1988).

Third, when the student with disabilities is served in a typical preschool or regular education setting for academic instruction and instructional responsibility, resources, and planning are shared among regular and special education staff, then **academic**

integration or mainstreaming occurs (Salisbury, 1989; Taylor, et al., 1987). Thus, mainstreaming represents the most sophisticated and extensive level of integration; one which goes beyond mere placement of the child in the regular classroom setting for educational purposes. Implemented well, mainstreaming requires that professionals work effectively together to ensure that all children in the program learn and benefit from the opportunities created by an integrated service delivery model and curriculum.

Why is LRE important?

The legislative provisions for LRE at the preschool level are based upon ethical, legal, and empirical arguments which have cogently been presented in the literature for over a decade (Bricker, 1978; Guralnick, 1981). The reader is referred to the appendices for additional references related to LRE, integration, and mainstreaming, as well as resources on early childhood policies and programs. Perhaps the most compelling arguments are supported by the empirical evidence generated by researchers working with a variety of children and their families in both segregated and integrated settings.

The findings of these investigations were recently summarized by Strain (in press), who noted that for preschool age children integrated settings produce better social outcomes in children than segregated settings. His analysis also revealed that post-school adjustment of the young adult is most often linked to the development of social skills which have been shown to maintain and generalize best to new situations when taught in an integrated environment. In addition, Strain reported that no

evidence exists that children with certain handicapping conditions are poor candidates for integrated programs, nor are there detrimental effects on nonhandicapped children who attend an integrated program. Other authors have also addressed the issue of mainstreaming at the preschool level and find that communication and social skills are most likely to be positively affected by the presence of and interactions with nonhandicapped peers (Guralnick & Groom, 1988; Odom & McEvoy, 1990).

There are also philosophical and practical arguments in favor of integration. Districts engaged in integrated educational practices argue that exclusion needs to be challenged on both instructional and economical grounds. Model programs have demonstrated that young children with mild to profound disabilities can be instructed appropriately in an integrated setting (e.g., Brinker, 1985; Templeman, Fredericks, & Udell, 1989; Salisbury, 1989; Strain, Hoyson, & Jamieson, 1985).

Proponents of integration also contend that all children can learn from each other and the lessons encountered in inclusive classrooms are meaningful and long term. Opportunities to develop friendships, change hesitant attitudes, and learn how to accommodate those who are different are lessons that are learned on a daily basis in integrated educational environments that have a much lower probability of occurring in segregated settings.

Together, the conceptual and empirical arguments seem compelling in their support of the least restrictive environment for educating preschool age students with disabilities is integrated environments.

What should be considered in the design of integrated preschools?

Recent critiques of the LRE concept appear to reflect consensus around four essential points. First, conceptualizing LRE along a continuum of most to least restrictive is problematic. Specifically, experience shows that too many students were relegated to the most restrictive end of the continuum and rarely moved towards lesser restrictive options. In addition, there is evidence that placement in more restrictive settings did little to prepare students for later performance in less restrictive classrooms (McLean & Hanline, 1990; Taylor, 1988; Taylor et al., 1987).

Second, integration should not be viewed as something that happens at a specific time during the school day. Rather, integrated teaching and learning must occur throughout the curriculum and reflect a conscious consideration in planning for all learners in the program.

Third, many professionals, policy makers, and parents view the segregation of preschool age students with disabilities in settings where their same age nonhandicapped peers do not attend as maximally restrictive and in direct conflict with prevailing best practices, research evidence, and the intent of P.L. 99-457 (McLean & Odom, 1988; Odom & McEvoy, 1988; Strain, in press). In elaboration of this point, the Division for Early Childhood, Inc. endorsed the following statement in a recent concept paper on LRE:

> "If the LRE is determined to be a nonintegrated setting, documentation should be attached to the plan explaining why an integrated placement could not be achieved. Such documentation must include information on supplementary aides and services which were tried before segregation was selected. A timeline for reevaluating and reattempting integration should be included" (Division for Early Childhood, 1987).

The final point around which there appears to be consensus is that intensity of services matched to individual learner needs is a key determinant in our ability to successfully integrate and mainstream a child with special needs. As Taylor (1988) has correctly pointed out, many professionals confuse intensity of services with the restrictiveness of the setting. Intensive services **can** be delivered in a regular classroom/mainstream setting. The critical question is "what does the child need to succeed"? This question requires us to focus on the learner, his/her interactions in the school context, and the supports that will be necessary to ensure that his/her educational needs are appropriately met within the LRE.

What makes implementation of LRE successful?

In attempting to address this question it is important to identify the criteria we wish to use in judging the outcomes of our efforts. Our position is that we should employ those practices which: a) benefit all learners, b) professionals judge to be educationally valid, and c) parents rate as meaningful. When these criteria are used, the following characteristics emerge as indicators of a good program and successful integration efforts. These programs incorporate:

- planned, frequent, and carefully promoted social interactions between handicapped and normally developing peers by teachers (Odom & McEvoy, 1990; Strain, in press);
- comprehensive, state-of-the-art procedures which include intensive parent involvement, intentional methods of instruction, repeated outcome assessment, and well-defined curriculum content (Strain, in

press);

- curriculum individualized to learner needs and abilities;
- administrative and professional commitment to integration (Salisbury, 1989; York & Vandercook, in press);
- blended, side by side, and otherwise integrated services, classrooms, and instructional practices;
- adequate supports for teachers and an on-going commitment to professional development (Odom & McEvoy, 1990; Salisbury, 1989; Taylor et al., 1987);
- emphasis on collaborative teaming, planning, and decision making between personnel trained in "special" and "regular" education (Salisbury, 1989; Taylor et al., 1987; York & Vandercook, in press);
- provisions for overall program evaluations that include the opinions of consumers (Odom & McEvoy, 1990; Strain, in press).

What placement options should be available?

The following descriptions of options for integrating young children with handicaps at the preschool level are taken directly from the concept paper authored by McLean and Odom (1988) for the Division for Early Childhood of the Council for Exceptional Children:

Mainstreamed educational programs: Children with handicapping conditions are included in educational settings for normally developing preschool children. The needs of the handicapped child are prescriptively addressed within the regular curriculum and

accompanying activities. Services are provided by qualified regular and special education staff who work towards shared responsibility for all students in the classroom;

Mainstreamed-noneducational programs: Children with handicapping conditions may attend programs for part of the day that do not typically have an educational component (e.g., daycare, nursery school), yet provide access to and meaningful interaction with normally developing peers;

Integrated special education or reverse mainstreamed programs: Normally developing children are enrolled in special education classes for young children with handicaps to create opportunities for interaction between the two groups of children. In addition, normally developing age-mates can serve as more competent social, cognitive, and linguistic peer models, instructional agents, and/or as attitudinal models for students in other classes;

Non-integrated special education programs located in regular elementary schools: The DEC paper lists this placement as a final option on the LRE continuum; one which may be considered acceptable if there are preschool or kindergarten classes available in the building and provisions are made for social integration at various times of the day. Recognizing the pitfalls of a continuum notion (Taylor, 1988) and the fact that integrated placements have been shown to be at least as beneficial, if not superior, to segregated placements, one must question whether this "option" is really an option at all. If, however, LEAs must utilize such a service delivery configuration for some students, then the procedures described in the DEC paper (see page 7 this

document) must be used to ensure the timely movement of the child towards less restrictive (i.e., more integrated) educational placements.

Integrating and mainstreaming young children with special needs into settings with normally developing peers poses a range of issues for professionals and parents, alike. For many, it is not readily apparent how: 1) the needs of young students with disabilities can be appropriately met within each setting, 2) teams of professionals work collaboratively within and across locations, and 3) personnel with different skills and credentials can be utilized in typical integrated settings. While subsequent **Policy and Practice** papers will address these issues, we have included several resources in the Appendix for those programs desiring more information now.

Implications for policy makers, administrators, and professionals

Integrated educational practices are no longer just an option, but an expectation. Yet, for many programs, attaining physical, social, and curricular levels of integration will require that instructional and political leaders challenge the boundaries of existing service delivery models, attitudes and beliefs of parents and colleagues, and affirm a commitment to the principle of inclusive education.

Strain (in press) places the responsibility for the success of LRE squarely with administrators, suggesting that educational innovation will have little hope for long term success without the support and vigilance of competent administrators. While the administrative supports are critical for successful implementation, planning and design of services must include professionals and parents, as well as administrators. Just as multiple perspectives are required to appropriately meet the needs of children

with disabilities, they must also be sought in the decision-making process where program outcomes and the strategies to achieve them are identified and agreed to (Salisbury, 1989).

Administrative practices can, however, be identified which will help to ensure that integrated preschool programs are optimally designed, properly supported, and adequately maintained (Strain, in press):

- eliminating, where needed, state and local policies that serve as disincentives to integration;
- providing personnel, time, and fiscal resources needed for preservice and inservice professional development;
- expanding options for service delivery and teaming structures;
- providing professional leadership by encouraging innovative options for integrating children with handicaps, and providing specific incentives for other administrators to promote integrated service delivery.

Summary

Considerations for designing and implementing least restrictive educational services, particularly integrated services, for young children with handicapping conditions were presented in this **Policy and Practice** paper. Subsequent publications in this series will more fully examine the components of educational policies that are most directly related to integrated placements. In so doing, we hope to influence the formulation of policies and instructional practices in ways that will improve the quality of services to young children with disabilities and their families.

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APPENDIX A

Resources for Information on Early Childhood Policies and Programs

Council for Administrators in Special Education (CASE)
of the Council for Exceptional Children
615 16th Street, NW
Albuquerque, NM 87104
(505) 243-7622

The Division for Early Childhood (DEC)
of the Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
(703) 620-3660

National Head Start Resource Access Program
Administration for Children, Youth and Families
Office of Human Development Services
U.S. Department of Health and Human Services
P.O. Box 1182
Washington, DC 20013
(202) 245-0562

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue, NW
Washington, DC 20009-5786
(800) 424-2460

National Association of State Directors of Special Education (NASDSE)
2012 K Street, NW
Washington, DC 20006
(202) 296-1800

National Early Childhood Technical Assistance System (NEC-TAS)
Suite 500
NCNB Plaza
Chapel Hill, NC 27514
(919) 962-2001

U.S. Office of Special Education Programs
Early Childhood Branch
400 Maryland Avenue, S.W.
Washington, DC 20202
(202) 732-1084

APPENDIX B

LRE RESOURCE MATERIALS

BACKGROUND AND RATIONALE FOR LRE

Bricker, D.D. (1978). A rationale for the integration of handicapped and nonhandicapped preschool children. In M. Guralnick (Ed.) Early intervention and the integration of handicapped and nonhandicapped children. Baltimore: University Park Press.

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